

00-R-1918

Entered - 06/30/98 - sb
CL98L0457 - DIANNE C. MITCHELL

CLAIM OF: JAYNE E. JAMES,
through her insurance carrier,
State Farm Insurance Companies
2130 New Market Parkway
Marietta, Georgia 30067

For damages alleged to have been sustained as a result of vehicular
damage due to road construction on May 13, 1998 at Buckhead Loop
and Piedmont Road.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by RIG/DCA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0457

Date: November 16, 2000

Claimant /Victim JAYNE E. JAMES

BY: (Ins.Co.) State Farm Insurance Companies

Address: 2130 New Market Parkway, Marietta, Georgia 30067

Subrogation: _____ Claim for Property damage \$ 5,886.75 Bodily Injury \$ _____

Date of Notice: 05/13/98 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/25/98 Place: Buckhead Loop and Piedmont Road

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her vehicle was damaged due to road construction. The investigation determined that no City departments were involved in any road work at the subject location at the time of this incident.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected Compromise settlement

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,

INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager: John A. Smith Concur/date 11-16-20

Committee Action: _____ Council Action _____

State Farm Insurance Companies



ENTERED - 6-30-98 - SB
98L0457 - ANTHONY OATIS

June 24, 1998

Delk Road Claim Office
2130 New Market Parkway
Marietta, Georgia 30067

Phone: (770) 618-7700
Fax : (770) 618-7712

City of Atlanta Law Dept.
68 Mitchell Street SW
Ste 4100 City Hall Tower
Atlanta, Ga. 30335

RE: Claim Number: 11-3112-444
Our Insured: Jayne E. James
Date of Loss: May 13, 1998
Total Amount Due: 5886.75
Company Portion: 5786.75
Insured's Portions: 100.00

PERMIT #0198-20F4T

Dear Sir:

We are advised that you were involved in a loss with our insured on the above date. The information in our file indicates you are responsible for this loss.

By virtue of our payment, we are entitled to recovery of the amount paid on behalf of our insured from the responsible party. If you have insurance to protect you against such liability, please refer this letter to your insurance company and advise us as to your insurance company's name, address and your policy number.

If you do not have insurance to protect you for this loss, we request payment of the total amount due within 15 days of the date of this letter.

If you cannot arrange payment in full as requested, please contact us at the above address to discuss payment terms. Should we not hear from you within the specified time, we will have no alternative other than to refer this matter to our attorney.

Sincerely,

Lisa K. Duggan
Claim Specialist
(770) 618-7729
State Farm Mutual Automobile Insurance Company

00-R-1918

cc:Brown, Jacqueline Angier1779